

Evaluator \_\_\_\_\_ Supervisor \_\_\_\_\_ Month \_\_\_\_\_

Revision Date \_\_\_\_\_ Expected Return to Office: Date \_\_\_\_\_ Time \_\_\_\_\_

**WEEKLY ITINERARY**

**INSTRUCTIONS:** Prepare itinerary prior to field visits. Provide copy to clerk, show time planned for entire week. Give revised final copy to supervisor when planning next week.

<b>PURPOSE CODES:</b>	<b>A</b> = Annual	<b>L</b> = Licensing Evaluation	<b>P</b> = Prelicensing	<b>C</b> = Complaint
	<b>POC</b> = Plan of Correction	<b>PL</b> = Post Licensing	<b>CM</b> = Case Management	<b>SL</b> = Sick Leave
	<b>M</b> = Meeting	<b>SA</b> = Semi Annual	<b>T</b> = Training	
	<b>V</b> = Vacation			

DATE	ESTIMATED TIME OF ARRIVAL	PURPOSE CODE	FACILITY NAME/CATEGORY OR AGENCY/INDIVIDUAL CONTACTED	TELEPHONE Area Code/Number	CITY	COMPLETED (Check One)		REASON NOT COMPLETED/COMMENTS
						Yes	No	
<b>M O N D A Y</b>	AM			( )				
	PM			( )				
	AM			( )				
	PM			( )				
	AM			( )				
<b>T U E S D A Y</b>	PM			( )				
	AM			( )				
	PM			( )				
	AM			( )				
	PM			( )				
<b>W E D N E S D A Y</b>	AM			( )				
	PM			( )				
	AM			( )				
	PM			( )				
	AM			( )				
<b>T H U R S D A Y</b>	PM			( )				
	AM			( )				
	PM			( )				
	AM			( )				
	PM			( )				
<b>F R I D A Y</b>	AM			( )				
	PM			( )				
	AM			( )				
	PM			( )				
	AM			( )				